

General Dental Practice Inspection (Announced)

Matthew Newland Dental, Cwm
Taf University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Matthew Newland Dental Surgery at 73 Llantrisant Road, Pontyclun, CF72 9DP, within Cwm Taf University Health Board on 20 April 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead) and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Matthew Newland Dental Practice was meeting the standards necessary to provide safe and effective care.

This is what we found the service did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- There were no improvements made during this inspection

3. What we found

Background of the service

Matthew Newland Dental Practice provides services to patients in the Llantrisant and surrounding areas. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes two dentists, four dental nurses (two of which provide some receptionist support), one receptionist and one part time practice manager.

The practice provides a range of NHS and private dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found that this practice was working hard to provide a high quality experience to their patient population. We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 21 were completed. Patient comments included the following:

"The service provided by this dental practice is excellent"

"The practice is very efficient. Quite happy customer"

"Excellent service. Very Pleased"

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. There was ample dental health promotion information available in the waiting areas which meant patients had access to information which could support them in caring for their own oral hygiene. Signs displaying 'no smoking' were displayed in the reception/waiting area. Patients' medical histories were reviewed and updated at regular intervals and we saw evidence of treatment planning and options being discussed with patients.

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. All patients that completed a questionnaire stated that they were treated with respect when visiting the practice. There was space available for staff to have conversations with patients in a private area, away from other

patients, if required, for the purpose of maintaining patient confidentiality. We observed staff speaking with patients in a friendly and professional way. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

We saw that information about the price of both NHS and private treatment was available in the waiting area, so that patients were informed about costs. Almost all of the patients that completed a questionnaire stated they knew how to access emergency out of hour's arrangements. We saw that the details of the emergency contact number, the practising dentists' details and the surgery opening hours were being displayed externally. All patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received the treatment. However, almost a third of patients that completed a questionnaire said they didn't understand how the cost of their treatment was calculated. Patient information was being stored securely.

Communicating effectively

No patients that completed a questionnaire were Welsh speakers. All patients who completed the questionnaires stated that they have always been able to speak to staff in their preferred language. We discussed with staff that key documents such as the complaints procedure should be translated into Welsh and other languages, based on the needs of their practice population.

Timely care

Staff told us that they made every effort to ensure that care was provided in a timely way.

Individual care

Planning care to promote independence

All patients that completed a questionnaire indicated that the dental team helped them to understand the available treatments and involved them in decisions about the treatments to have. They also told us that the dental team had discussed with them how to keep their mouths and teeth healthy. Patients' medical histories were reviewed and updated at regular intervals and we saw evidence of treatment planning and options being discussed with patients. All patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice had in place an equality and diversity policy. There is one surgery on the ground floor, which is accessible for patients with mobility difficulties.

Listening and learning from feedback

We reviewed the practice's complaints handling policy and at the point of inspection there had not been any complaints received by the practice. We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. Details of the complaints procedures were available on the wall of the waiting room. Almost all patients that completed a questionnaire stated that they knew how to raise a concern or complaint about the services they receive at the practice. The practice manager confirmed that copies of the complaints procedure are accessible, on the reception desk. This meant that patients could easily access this information, should they require it.

The complaints procedures were compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹.

The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patients' feedback and suggestions. The majority of patients confirmed that they were asked for their views on the practice through patient questionnaires. Actions and learning from patient feedback was considered. We advised the practice to display an analysis of the feedback received in the waiting area demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

There were arrangements in place for the safe use of X-ray equipment. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However, up to date safeguarding checks were required for some staff.

Safe care

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and surgeries were clean, tidy and well organised. All patients who completed a questionnaire felt that, in their opinion, the practice was very clean. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Evidence of an electrical wiring certificate for the premises was also available.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for substances in addition to appropriate risk assessments. We discussed the safe and secure storage of COSHH substances and were satisfied on the day that this was appropriate. COSHH file and risk assessments were in place, it was not clear when these had been reviewed, the practice manager agreed to undertake a review to ensure these remain up to date. Advice was given on making more secure the access to the upstairs staff room and actions were taken on the day of the inspection in respect of this.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place.

Infection prevention and control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- Designated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that inoculation immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 ² (WHTM 01-05) guidelines and relevant staff had completed decontamination refresher training on a five yearly basis.

Medicines management

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). A resuscitation policy was in place including roles and responsibilities for staff.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had an appointed first aider in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks.

² <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that they contained appropriate equipment for the safety of patients and the dental team.

We noted that the surgery had been designed and organised to help the team work efficiently and was visibly very clean and in good condition. We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment.

We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. A radiation protection file was being maintained.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control and radiology.

Quality improvement, research and innovation

We noted that Deanery of Wales CAPRO audits⁴ were being undertaken.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

3 General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

4 <https://dental.walesdeanery.org/improving-practice-quality/carro>

Record keeping

We viewed a sample of dental records for both dentists and spoke with both dental practitioners on the day of our inspection. Overall, we found there was a very good quality of record keeping and patient care. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

Matthew Newland Dental Practice has a well established practice team with a low turn over of staff. We found the practice to have good leadership and clear lines of accountability. The day to day management of the practice was provided by the principal dentist, supported by an efficient part-time practice manager. Staff we spoke with were committed to providing high quality care for patients.

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability. The day to day management of the practice was provided by the principal dentist, supported by an efficient part-time practice manager. The Deanery of Wales, CAPRO audits were being undertaken. A quality assurance policy was in place.

All relevant staff were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

DBS clearance checks were not present for four of the dental nurse staff. Discussion was held with the practice manager and principal dentist around the level of assurance in place for those staff members and it was agreed that it would be best practice that DBS clearance checks be undertaken.

Staff and resources

Workforce

Staff we spoke with were committed to providing high quality care for patients.

We saw evidence of staff induction documentation and these were well planned. All staff had been given access to policies and procedures. We also

saw that all staff had accessed a wide variety of training, meeting CPD requirements. We saw evidence of monthly team meetings and annual staff appraisals. We saw appropriate records were being kept relating to Hepatitis B immunisation status for all clinical staff working in the practice.

We looked at the policies and procedures in place and we found that they were thorough and saw evidence that they reflected actual practice, had been regularly reviewed and contained review dates.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiation Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

| Immediate concerns identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|---|-------------------------------|------------------------------|
| No Immediate concerns were identified on this inspection | | | |

Appendix B – Immediate improvement plan

Service: Matthew Newland Dental Practice

Date of inspection: 20 April 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|----------------|---------------------|-----------|
| No immediate assurance issues were identified on this inspection | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Matthew Newland Dental Practice

Date of inspection: 20 April 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------|----------------|---------------------|-----------|
| Quality of the patient experience | | | | |
| No issues were identified in this area on this inspection | | | | |
| Delivery of safe and effective care | | | | |
| No issues were identified in this area on this inspection | | | | |
| Quality of management and leadership | | | | |
| No issues were identified in this area on this inspection | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: